

Youth Behavioral Health



Washington Office of Superintendent of
PUBLIC INSTRUCTION

2024

YOUTH BEHAVIORAL HEALTH

2024

Anna Marie Dufault **Assistant Superintendent of Student** **Engagement and Support**

Prepared by:

- **Julee Christianson**, Mental Health Systems Program Supervisor
julee.christianson@k12.wa.us | 360-522-2787

For more information:

- **Doua Ka**, Student Behavior Support Program Supervisor
doua.kha@k12.wa.us | 360-402-4251



Washington Office of Superintendent of
PUBLIC INSTRUCTION

TABLE OF CONTENTS

Youth Behavioral Health.....	4
Mental Health.....	4
Substance Use Indicators.....	5
Disparities	5
Academic Achievement & Behavioral Health.....	6
School Efforts to Support Students' Behavioral Health.....	7
Policy Development.....	8
Protocols for Suicide Prevention Practices.....	8
Behavioral Health Instruction	8
Professional Development for Teachers.....	9
School Programs and Services.....	10
References	11
Resources	11
Legal Notice	12

YOUTH BEHAVIORAL HEALTH

This fact sheet includes an overview of youth behavioral and mental health in Washington State (WA). OSPI provides a number of programs and resources that can help Washington's youth achieve a healthy lifestyle. Through legislation, guidance, grant funding, programs, and webinars the goal remains that all students can be successful in school when their individual mental, emotional, social, and behavioral health needs are met. The purpose of this fact sheet is to outline the needs of Washington students and how schools are responding and supporting student well-being.

To read more about the School Health Profiles Survey, please see:
<https://www.cdc.gov/healthyyouth/data/profiles/index.htm>

Results presented in this fact sheet are from two main survey sources: the Healthy Youth Survey (HYS) and the School Health Profiles Survey (Profiles). HYS is a multi-state agency survey of WA students in grades 6, 8, 10, and 12 asking about wellbeing, behaviors, attitudes, community and school experiences every two years. Profiles is a survey developed by the Centers for Disease Control and Prevention (CDC) for principals and lead health educators to assess WA school health policies and practices every two years.

Mental Health

Suicide is the second leading cause of death for Washington youth (DOH, 2013).

On the latest Healthy Youth Survey, WA students reported experiencing mental health issues. Among 10th graders (See Figure 1):

- About one-third reported that they felt so sad or hopeless for two or more weeks in a row that they stopped doing some usual activities in the past year
- About two-thirds reported feeling nervous, anxious, or on edge and about half reported not being able to stop or control worrying in the past two weeks.
- About 15% reported seriously considering suicide, 12% made a suicided plan, and 7% made a suicide attempt in the past year

Mental Health Indicators Among WA Youth

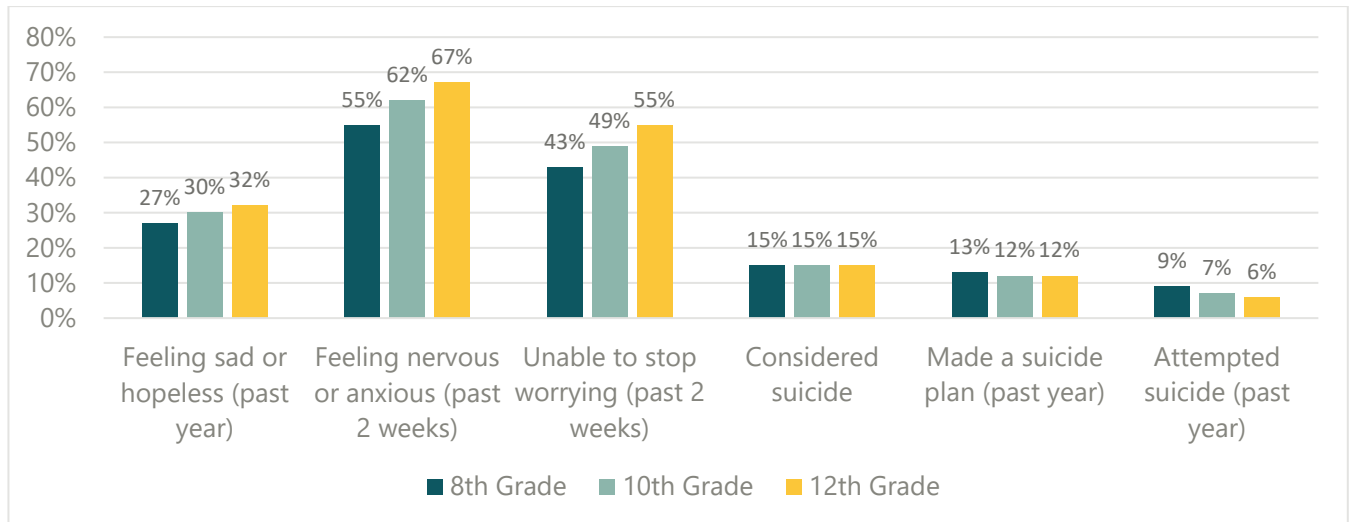


Figure 1: 2023 Healthy Youth Survey

Substance Use Indicators

Schools can help prevent youth substance misuse by creating safe environments for students and by educating students and families. Most students in WA do not use substances. Substance use is associated with lower academic achievement.

Substance Use Indicators among WA Youth

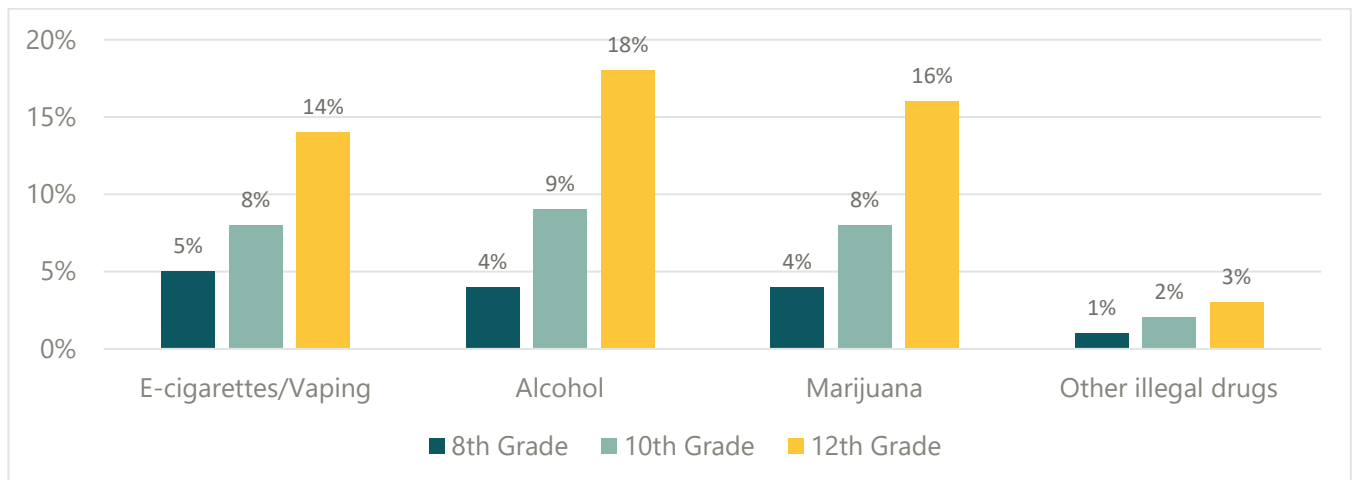


Figure 2: 2023 Healthy Youth Survey

Disparities

Health disparities are preventable differences between populations in the burden of disease, injury, violence, or opportunities to achieve optimal health (CDC, 2023). There are disparities in some student populations that are more heavily affected by mental health issues than others. Figure 3 highlights some groups of students who had higher rates of depressive feelings. For example, 10th graders with disabilities were almost five times as likely (4.9 times) to report experiencing depressive feelings in the past year compared to those without disabilities. 10th grade females and students who were gender diverse*, sexually diverse*, who were from migrant families, or who were bullied also reported higher rates of depressive feelings.

Substance Use Indicators among WA Youth

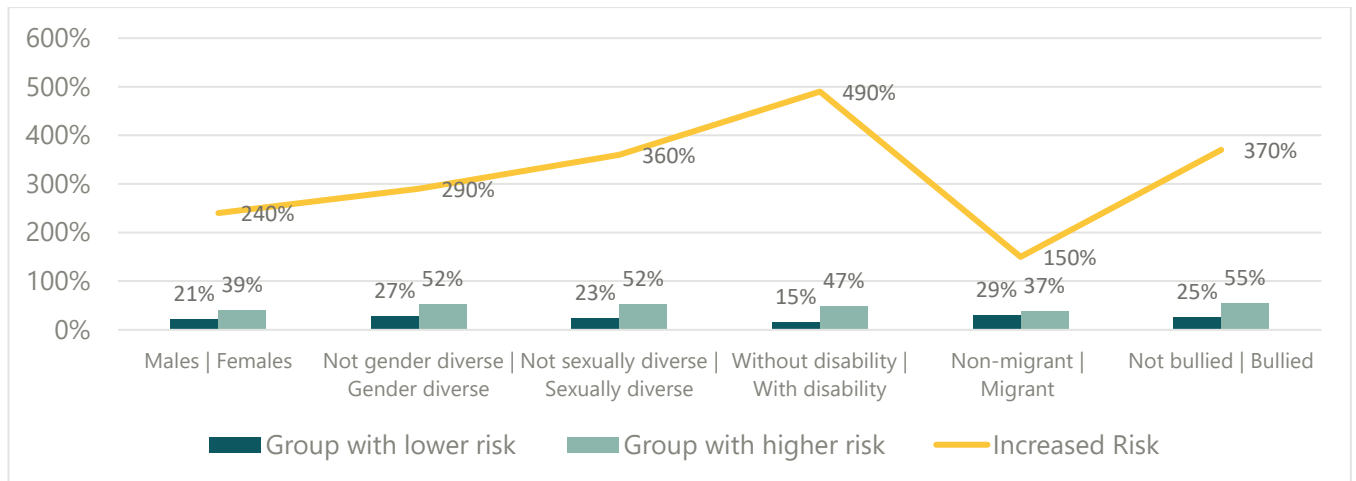


Figure 3: 2023 Healthy Youth Survey

*Gender diverse includes students who identified as transgender, questioning, not sure, something else fits better, or multiple genders. Sexually diverse includes students who identified as gay, lesbian, bisexual, questioning, not sure, something else fits better, or multiple orientations.

Academic Achievement & Behavioral Health

Good health is associated with academic success. Higher levels of protective health behaviors and lower levels of health risk behaviors are associated with higher academic grades among high school students (CDC, 2015).

- Students who have depressive feelings report lower grades in school (C's, D's, or F's) compared to students who are not having depressive feelings.
- Students who considered suicide or attempted suicide in the past year report lower grades in schools (C's, D's, or F's) compared to students who did not consider or attempt suicide.

Lower Grades in School (Mostly C's, D's, or F's) and Mental Health, 10th graders

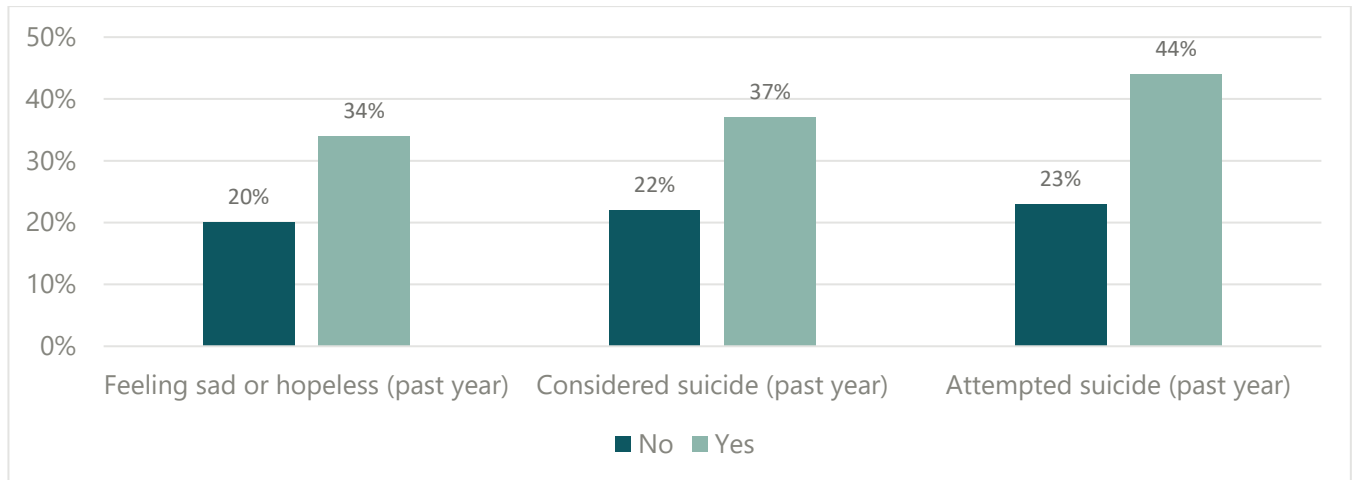


Figure 4: 2023 Healthy Youth Survey

Substance use can impact brain development and is associated with poorer academic achievement (Squeglia, 2016).

- Students who are using substances like e-cigarettes/vaping products, drinking alcohol, using marijuana, or using other illegal drugs also report lower grades in school (C's, D's or F's) compared to students who are not using them.

Lower Grades in School (Mostly C's, D's, or F's) and Substance Use, 10th graders

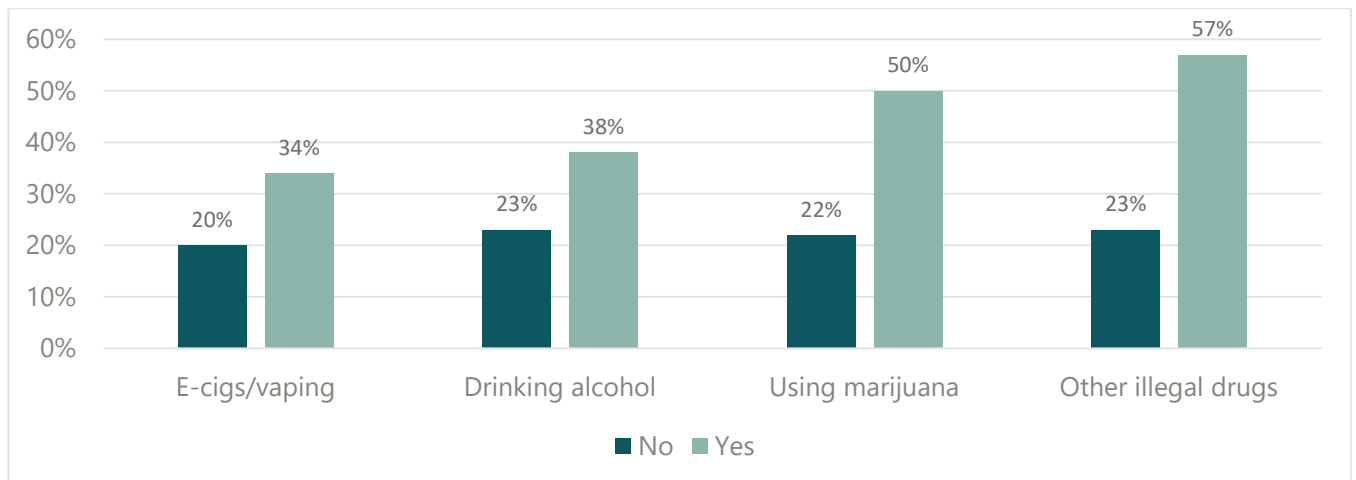


Figure 5: 2023 Healthy Youth Survey

School Efforts to Support Students' Behavioral Health

Schools across WA are reporting high levels of addressing student mental behavioral health:

- All WA K-12 school districts are required to adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) such as, but not limited to, sexual abuse, substance use, violence, or youth suicide. ([RCW 28A.320.127](#))
- Schools are implementing multiple methods to impact student mental wellbeing. However, there is more to be done to ensure all students are healthy and thriving (CDC, 2023).

Policy Development

School policies and practices that support development of skills to improve emotional well-being can help meet students' psychosocial needs (CDC, 2023).

According to the 2022 Washington School Health Profiles, 87% of schools currently have someone who oversees or coordinates school health and safety programs. However, only 44% of schools report they have one or more groups, like a wellness committee, that offers guidance on the development of policies or coordinates activities on health topics.

Additionally, only 37% of schools report that families helped develop or implement policies and programs related to school health. It is best practice to include community, family and student voice when developing policy, procedure, and programs to address student mental and behavioral health. This ensures actions are culturally relevant, appropriate, and supported.

Protocols for Suicide Prevention Practices

Most schools have written protocols for suicide prevention practices. (Source: 2022 School Health Profiles – reported by Principals)

- 94% Assessing student suicide risk
- 95% Notifying parents when a student is at risk for suicide
- 95% Referring students at risk for suicide to mental health services
- 87% Responding to a suicide attempt at school
- 87% Supporting students returning to school after a suicide attempt
- 85% Responding to the death of a student or staff member from suicide

Behavioral Health Instruction

97% of schools reported that they tried to increase student knowledge in a required course on mental and emotional health.

Specifically, (Source: 2022 School Health Profiles – reported by Lead Health Teachers)

- 91% Identifying and labeling emotions
- 93% How to express feelings in a healthy way
- 91% The Importance of engaging in activities that are mentally and emotionally healthy
- 89% How to manage interpersonal conflict in healthy ways
- 93% How to prevent and manage emotional stress and anxiety in healthy ways
- 89% How to use self-control and impulse control strategies to promote (e.g., goal setting and tracking, breathing techniques)
- 91% How to get help for troublesome thoughts, feelings, or actions for oneself and others
- 86% Value of individual differences (e.g., culture, ethnicity, ability)
- 90% How to establish and maintain healthy relationships
- 93% Importance of habits (e.g., exercise, healthy eating, meditation, mindfulness) that promote mental well-being

More than half of WA students in 8th, 10th, and 12th grade reported hearing or seeing information from their school about the warning signs of suicide and how to get help for yourself or a friend.

About 3/4th of 8th and 10th graders and about 2/3rd of 12th graders reported getting information in a class about not using alcohol or drugs during the past school year.

Behavioral Health Classroom Instruction

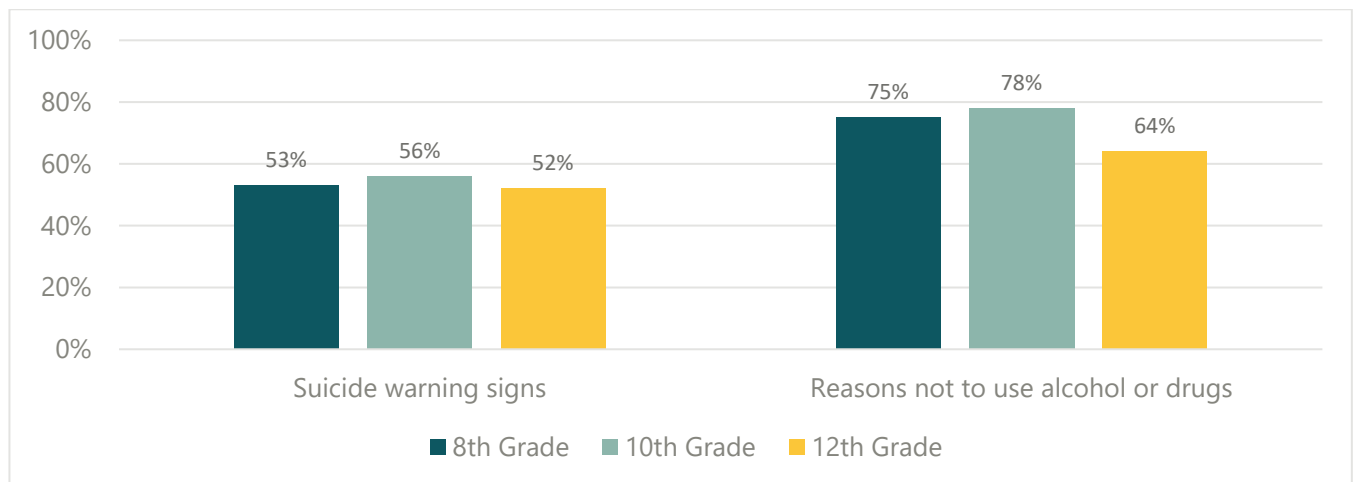


Figure 6: 2023 Healthy Youth Survey

Professional Development for Teachers

Educators need continual professional development (PD) to provide up-to-date, relevant instructions.

- About half of teachers received PD on mental and emotional health and suicide prevention
- Over two-thirds want more PD on mental and emotional health and suicide prevention
- About two-thirds want more PD on alcohol or drug-use prevention and over half want more PD on tobacco use prevention or cessation

Professional Development (PD) for Behavioral Health Received and Desired

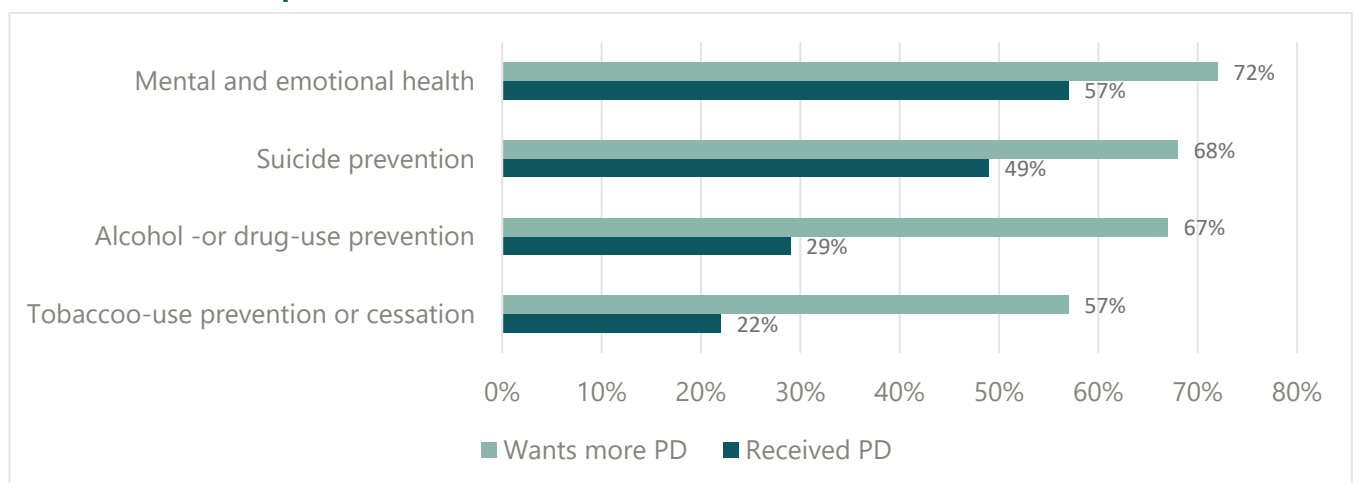


Figure 7: 2022 School Health Profiles – reported by health teachers

School Programs and Services

Schools can provide a number of programs and services to assist students with behavioral health issues, including:

- 95% had universal mental health promotion programs (e.g., Positive Behavioral Interventions and Supports, Social Emotional Learning programs or supports)
- 79% had confidential mental health screening to identify students in need of services (e.g., students at risk of mental health disorders, students experiencing trauma)
- 88% had school-wide trauma-informed practices (i.e., efforts to ensure that all students, including those affected by trauma, are experiencing social, emotional, and educational success)
- 37% had cognitive behavioral therapy groups (e.g., for students with depression, anxiety, or other mental health disorders)
- 79% had pro-social skills training (e.g., school counseling groups)
- 68% had small groups for specific issues (e.g., depression, parental divorce)
- 72% linked parents and families to health services and programs in the community

Professional Development (PD) for Behavioral Health Received and Desired

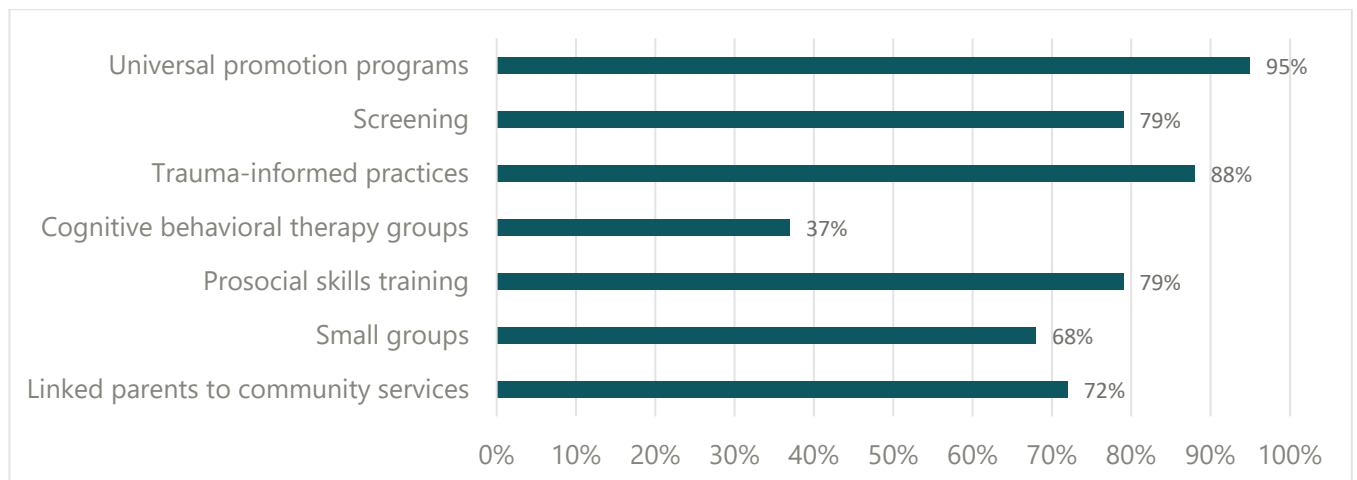


Figure 8: 2022 School Health Profiles – reported by Principals

Multi-Tiered Systems of Supports (MTSS) best practices are critical;

MTSS is a framework utilized by schools in WA to help identify and address biases and systemic barriers that drive inequitable access and disparate outcomes for every student including:

- Collaborating with students, families, and community partners to provide students an inclusive and responsive learning environment.
- Delivering comprehensive supports to meet every student's needs and accelerate academic, social, emotional, and behavioral learning

Many students report that schools are providing support. Among 10th graders,

- About 3/4th said there are people at their school who will help them if they need it

- 61% said that their school provides a staff member that they can discuss problems with alcohol, tobacco, or other drugs with
- About a third said that they had contact with a school support personnel (such as a school counselor, nurse, social worker, intervention specialist, mental health counselor, therapist)
- 12% said that they would most likely turn to a teacher, school counselor, or other adult in their school if they were feeling sad or hopeless almost every day for two weeks or more in a row

School Supports for Behavioral Health

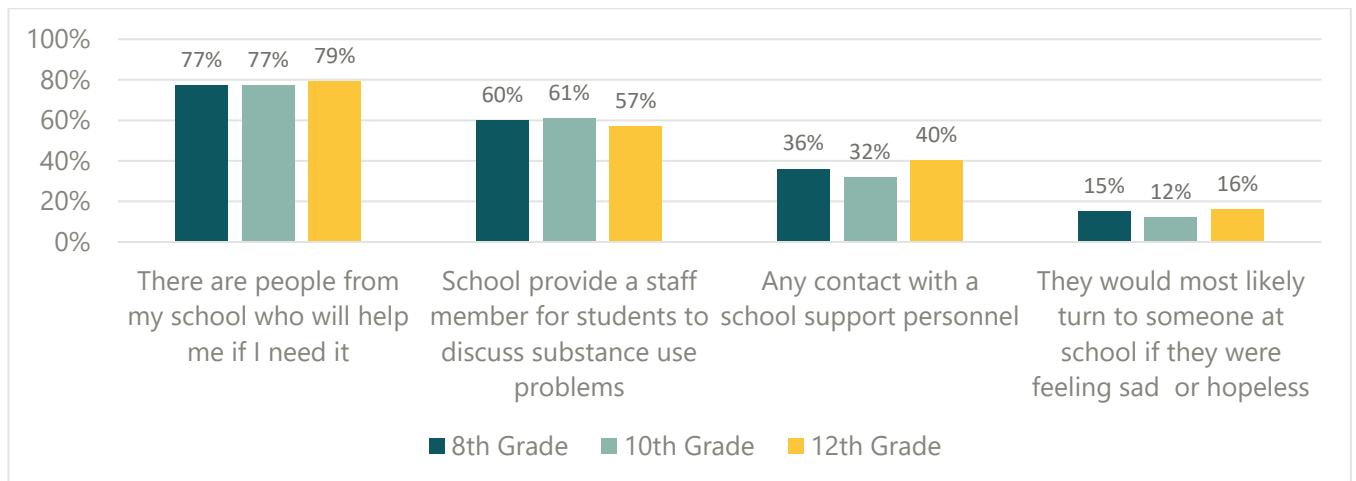


Figure 9: 2023 Healthy Youth Survey

References

- Washington State Department of Health (DOH). (2013) *Healthy Youth Survey and Youth Suicide Facts*. Accessed from: <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention/youth-suicide-prevention/youth-suicide-facts>
- Raspberry CN, Tiu GF, Kann L, McManus T, Michael SL, Merlo CL, Lee SM, Bohm MK, Annor F, Ether K. (2015) *Health-related behaviors and academic achievement among high school students – United States, 2015*. MMWR Morbidity and Mortality Weekly Report. Rep 2917;66:922-927.
- Sequeglia, L.M., Gray, K.M. *Alcohol and Drug Use and the Developing Brain*. (2016) Current Psychiatry Reports 18, 46. <https://doi.org/10.1007/s11920-016-0689-y>
- Centers for Disease Control and Prevention (CDC). *Creating a Healthy and Supportive School Environment*. Updated 2023 and accessed from: https://www.cdc.gov/healthyschools/sec_schools.htm#print
- National Center for School Mental Health. 2023. *School Mental Health Quality Guide – Teaming*. Accessed from: <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Impact.pdf>

Resources

- [OSPI Mental, Social, & Behavioral Health](#)

LEGAL NOTICE



Except where otherwise noted, this work by the [Office of Superintendent of Public Instruction](#) is licensed under a [Creative Commons Attribution License](#).

Alternate material licenses with different levels of user permission are clearly indicated next to the specific content in the materials.

This resource may contain links to websites operated by third parties. These links are provided for your convenience only and do not constitute or imply any endorsement or monitoring by OSPI.

If this work is adapted, note the substantive changes and re-title, removing any Washington Office of Superintendent of Public Instruction logos. Provide the following attribution:

"This resource was adapted from original materials provided by the Office of Superintendent of Public Instruction. Original materials may be accessed at <https://ospi.k12.wa.us/student-success/health-safety/school-health-profiles>.

Please make sure that permission has been received to use all elements of this publication (images, charts, text, etc.) that are not created by OSPI staff, grantees, or contractors. This permission should be displayed as an attribution statement in the manner specified by the copyright holder. It should be made clear that the element is one of the "except where otherwise noted" exceptions to the OSPI open license.

For additional information, please visit the [OSPI Interactive Copyright and Licensing Guide](#).

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Equity and Civil Rights Director at 360-725-6162 or P.O. Box 47200 Olympia, WA 98504-7200.

Download this material in PDF at <https://ospi.k12.wa.us/student-success/health-safety/school-health-profiles>. This material is available in alternative format upon request. Contact the Front Desk at 360-725-6000.